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December 21, 2005

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From: MICHAEL B. DODD

Serial No.: 09/681,354

Comments: Please see attached.

Docket No.: 14531.123.1

Customer No.: 47973

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PATENT APPLICATION

Docket: 14531.123.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Robert M. Fries, et al.

Serial No.: 09/681,354

) Art Unit
2614

Filed: March 24, 2001

Confirmation No.: 5279

For: ELECTRONIC PROGRAM GUIDE
HARDWARE CARD

Examiner: Jason P. Salce

Customer No.: 47973

CERTIFICATE OF FACSIMILE TRANSMISSION

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that this paper is being transmitted via facsimile at facsimile number 801-328-1707 to the Patent and Trademark Office to phone no. 571-272-7301 (Formal Fax No.) on the date shown below.

- Transmittal Letter (1 page)
- Amendment "C" (20 pages)

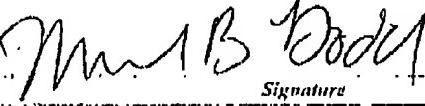
Dated this 21st of December, 2005.

Respectfully submitted,

MICHAEL B. DODD
Attorney for Applicant
Registration No. 46,437
Customer No. 47973

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CRN0000000482V001

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 14531,123.1	
Applicant(s) Robert M. Fries, et al.					
Application No. 09/681,354	Filing Date March 24, 2001	Examiner Jason P. Salce	Customer No. 047973	Group Art Unit 2614	Confirmation No. 5279
Invention: ELECTRONIC PROGRAM GUIDE HARDWARE CARD					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35	39 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	4	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00					
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 23-3178</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input checked="" type="checkbox"/> Payment by credit card, Form PTO-2038.</p>					
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Dated: December 21, 2005					
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PATENT APPLICATION
Docket No. 14531.123.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of)	
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Robert M. Frics, et al.)	
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Serial No.:	09/681,354) Art Unit
) 2614
Filed:	March 24, 2001)
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Conf. No.:	5279)
)
For:	ELECTRONIC PROGRAM GUIDE IIARDWARE)
	CARD)
)
Examiner:	Jason P. Salce)
)
Customer No.:	047973)

AMENDMENT "C"

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office action of October 17, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.